

OVERSEAS TRAVEL INSURANCE APPLICATION

Destination: _____ **Policy Number ZOM** _____

Name of Applicant: _____ **P.O. Box:** _____ **Phone:** _____

Period of Insurance: From _____ To _____ (both dates inclusive)

Insured Persons: (a) _____ (c) _____

(b) _____ (d) _____

Beneficiary: (a) _____ (c) _____

(b) _____ (d) _____

Annual [] **Gold** [] **Silver** [] **Bronze** [] **Select** [] **Winter Sports Extension: Yes** [] **No** []

Coverage Requested (Select)

Insured Person	Section	Sum Insured	Premium
	A		
	B		
	F		
	H		

Specified Items of Baggage

Maximum \$250 (or its equivalent) each item
total not to exceed half of the Insured Person's Section H sum insured:

Insured Person	Description of Item	Sum Insured

Date of Birth ____/____/____
(d) (m) (y)

Premium: _____

Premium Tax: _____

Proof of Identification [] **D/L** [] **Passport** [] **NIB#:** _____

Value Added Tax: _____

Total Premium: _____

The Insuring Certificate covers the Insured Persons for the duration of their trip commencing and terminating during the specified Period of Insurance. Cover under Section B, Cancellation commences at the time the insurance is effected. **Age limits:** The Underwriters shall not be liable if the Insured Person is under **14** days old or over **74** years of age at commencement of the Period of Insurance.

The general conditions of this Insurance are that:

- Each Insured Person shall be deemed a separate insurance.
- It shall be governed by the law of the United Kingdom or of the Country in which the Certificate is issued.
- For female Insured Persons the words he and his appearing herein shall be deemed to be replaced by she and her.
- If this certificate is issued in a currency other than L Sterling, the various monetary amounts forming part of the terms hereof shall be converted to the equivalent amounts in the currency of issue at the Lloyds exchange rate prevailing in the day of issue.
- Notice shall be given to the Underwriters as soon as practicable of any accident, illness, loss, damage or mishap which causes or may cause a claim to be made under this Certificate.
- All certificates, information and evidence required by the Underwriters shall be furnished free of expense to them and in such form as they may require.
- Claims under this Certificate shall be payable to the Assured named above or, if no Assured is named, to the Insured Person or his legal personal.

This Insurance is only available to persons in good health who are traveling away from their normal domicile for conventional non-working holidays or business trips of two months or less that do not involve competition in sporting events, hazardous or manual work, international overland journeys through Africa or Asia (other than by rail), or professional entertaining where a longer or non-conventional trip is being made, application should be made to the Underwriters (through the Issuing Agent) giving full details.

Declaration I/We declare that the persons to be insured under sections A, B or F are in good health and have no physical or mental defect or infirmity, not subject to any chronic or recurring medical conditions, is not aware of any reason why the period of travel might be cancelled or abandoned; and that the total Sum Insured under Section H represents the full value of the property insured. I/We agree to accept a Certificate in the Underwriters' usual form for this class of travel Insurance.

Signature of Applicant: _____ **Date:** _____